DANIEL	0	Gu.
Name (print)		

STATE SENATE
Office (if applicable)

District (if applicable)

# Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
None			
			, <b>, , , , , , , , , , , , , , , , , , </b>
			regulation.
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PAGE Z OF 6

District (if applicable)

## Contributions of \$100 or Less

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PAGE 3 OF 6

DANIEL D. GUINN

Office (if applicable)

District (if applicable)

## **Expense Categories**

CATEGORIES : Company of the company	(C(010)E)
Office expenses	А
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

PAGE 4 OF 6

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

DANIEL D GUINN

SIATE SOLATE
Office (if applicable)

District (if applicable)

### Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON GROUP OR STORY OF THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (Sea Playions Page) (NRS 294 A 365	DATE OF EACH EXPENSE	AMOUNT OF FACINEXPENSE
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	7-8-1-1-1-1		
			*

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PAGE 5 OF 6

EL201.doc

Rev: MAR-02

DANICL D. GUINN
Name (print)

STATE SCNAFE

District (if applicable)

# Expenses of \$100 or Less

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PAGE 6 OF 6